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Bib Data Sheet

SERIAL NUMBER 10/631,911	FILING OR 371(c) DATE 07/31/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. AGALIN 3.0-003 II
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APPLICANTS

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** CONTINUING DATA *****TKM
 This appln claims benefit of 60/404,830 08/20/2002

** FOREIGN APPLICATIONS *****TKM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	Initials TKM		
Examiner's Signature	Initials TKM		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
FL	48	30	24

ADDRESS

000530

TITLE

Methods for easing pain and anxiety from atrial or ventricular defibrillation

FILING FEE RECEIVED 1630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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